

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



May 29, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Mellow Mushroom, 601 R Street requesting a class I liquor license.

Debra Nelson has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Debra Nelson was born in Omaha, Nebraska. She graduated from Omaha South High School in 1982.

Mrs. Nelson has been a homemaker for the past 28 years.

The applicant has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) Mellow Mushroom

Street Address #1 The Railyard at Canopy Street, West Haymarket

Street Address #2 600 R Street, Suite 110

City Lincoln

County Lancaster #2

Zip Code 68508

Premise Telephone number 402-679-6786

Is this location inside the city/village corporate limits:



YES *city*



NO

Mailing address (where you want to receive mail from the Commission)

Name Peace [a] Pie, LLC, Attn: Debra Nelson

Street Address #1 1101 Jackson St., #403

Street Address #2

City Omaha

State NE

Zip Code 68102

**DESCRIPTION AND DIAGRAM OF PREMISES TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 67'-9" feet

Width 84'-2" feet

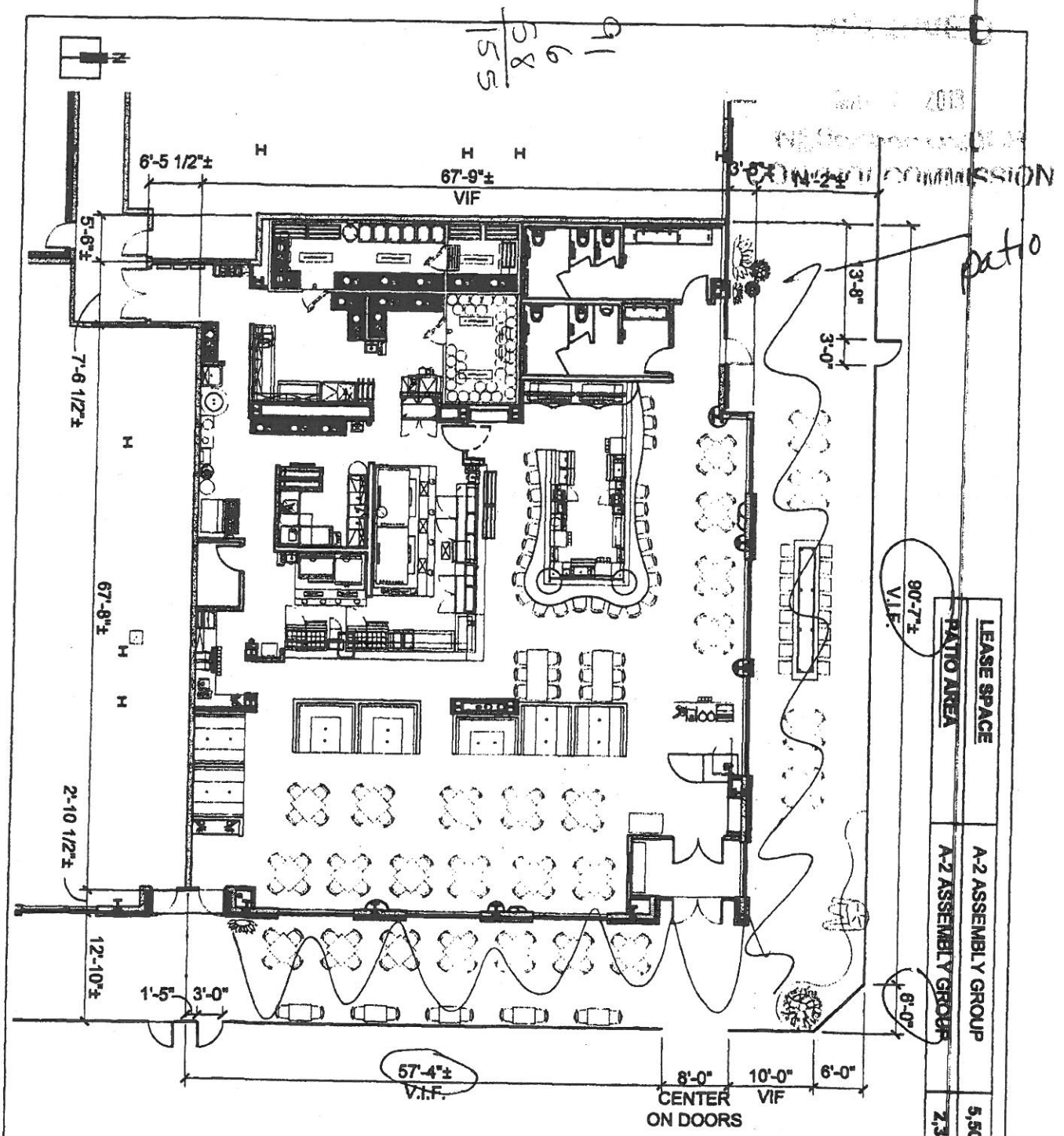
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

*See Attached*  
*6 story building*  
*no basement*  
*outdoor area*

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*2/28/2013*  
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CONTROL COMMISSION**

*Main floor only of six story bldg approx 68' x 84'  
plus l-shaped patio area approx 14' x 155'*



2

## FLOOR PLAN

SCALE: 1/16" = 1'-0"

PROJECT NUMBER: 12056

FILE LOCATION: DRAWINGS\CURRENT\TXR\_LAYOUT

DATE: 04/17/2013

ALLEY-POYNER  
MACCHIETTO

1516 Curling Street  
Omaha, NE 68102  
Ph: 402.441.1544  
Fax: 402.441.4735  
alleypoyner.com

# **APPLICANT INFORMATION**

## 1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

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## 2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

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## 3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number \_\_\_\_\_

## 4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

## 5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) Great Western Bank

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE

☒ FEMALE

Last Name: **Nelson**

First Name: **Debra**

MI: **A**

Home Address (include PO Box if applicable): **1101 Jackson St., #403**

City: **Omaha**

County: **Douglas**

Zip Code: **68102**

Home Phone Number: **402-493-1272**

Business Phone Number: **402-679-6786**

Social Security Number: \_\_\_\_\_

Drivers License Number & State: **NE**

Date Of Birth: \_\_\_\_\_

Place Of Birth: **Omaha, NE**

Are you married? If yes, complete spouse information (Even if a spousal affidavit has been signed)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: **Nelson**

First Name: **Michael**

MI: **D**

Social Security Number: \_\_\_\_\_

Drivers License Number & State: **NE**

Date Of Birth: \_\_\_\_\_

Place Of Birth: **Ellsworth AFB, SD**

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
704 N. 159th St. Omaha, NE	1/1993	11/2012	704 N. 159th St., Omaha, NE	1/1993	11/2012
1101 Jackson St., #403, Omaha, NE	12/2012	Present	1101 Jackson St., #403, Omaha, NE	12/2012	Present

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Form 103  
Rev 11/2012  
Page 3 of 5

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1986	present	housewife	self	

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law, a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO  
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)  
☒ YES ☐ NO

prints enclosed for Debra & Michael

5. List any alcohol related training and/or experience (when and where).

None

training required



CERTIFICATE OF LIVE BIRTH B1

1. PLACE OF BIRTH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebraska</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Omaha</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Omaha</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) <b>Clarkson Hospital</b>		d. STREET ADDRESS <b>1506 South 29 Street</b>	
3. CHILD'S NAME (Type or print) a. (First) <b>Debra</b>		b. (Middle) <b>Ann</b> c. (Last) <b>DiBiase</b>	
4. SEX <b>Female</b>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)
FATHER OF CHILD			
7. FULL NAME a. (First) <b>Samuel</b>		b. (Middle) <b>Anthony</b> c. (Last) <b>DiBiase</b>	
9. AGE (At time of this birth) <b>22</b> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <b>Omaha, Nebraska</b>	11a. USUAL OCCUPATION <b>Laborer</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Swift Meat Packing Company</b>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>Salvatrice</b>		b. (Middle) <b>Frances</b> c. (Last) <b>Ritzo</b>	
14. AGE (At time of this birth) <b>19</b> Yrs.	15. BIRTHPLACE (City, town or county) or foreign country <b>Omaha, Nebraska</b>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <b>0</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>Mrs. Salvatrice DiBiase—Mother</b>			
I hereby certify that this child was born alive on the date stated above at <b>12:57 a.m.</b>		18a. SIGNATURE <i>John Elston</i> 18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS <b>John Elston, M.D. Omaha, Nebraska</b>		19. MOTHER'S MAILING ADDRESS <b>Same as # 2</b>	
20. DATE REC'D BY LOCAL REG. <b>APR 29 1964</b>		21. REGISTRAR'S SIGNATURE <i>John Elston M.D.</i>	

This certifies this document to be a true copy of an original record on file with the Vital Statistics Section of the Douglas County Health Department, Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.

Date issued: **APR 9 1964**

*Daniel J. LaPrade, M.P.H.*  
(Registrar)

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*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*

*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT  
PASSEPORT  
PASAPORTE

# UNITED STATES OF AMERICA

Surname / ~~\_\_\_\_\_~~

**NELSON**

Given Names / Prénoms / Nombres

**DEBRA ANN**

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

NEBRASKA, U.S.A.

Date of Issue / Date de délivrance / Fecha de expedición

11-Mar-2008

Date of expiration / Date d'expiration / Fecha de caducidad

10 Mär 2018

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

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COMMISSION

## CERTIFICATE OF LIVE BIRTH

1. Name of Birth		2. Usual Residence of Mother (WHERE DOES MOTHER LIVE?)	
A. STATE B. COUNTY		A. STATE B. COUNTY	
C. City (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL OR TOWN AND GIVE TOWNSHIP)		C. City (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL OR TOWN AND GIVE TOWNSHIP)	
D. Street (IF RURAL, ENTER POSTOFFICE ADDRESS)		D. Street (IF RURAL, ENTER POSTOFFICE ADDRESS)	
E. Residence on a Farm? Yes <input type="checkbox"/> No <input type="checkbox"/>		E. Residence on a Farm? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Name of Hospital or Institution		4. Date of Birth	
A. (FIRST) B. (MIDDLE) C. (LAST)		A. (FIRST) B. (MIDDLE) C. (LAST)	
5a. This Birth SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. If Twin or Triplet 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
6. Name of Father		7. Color or Race	
A. (FIRST) B. (MIDDLE) C. (LAST)		A. (FIRST) B. (MIDDLE) C. (LAST)	
8. Birthplace (STATE OR FOREIGN COUNTRY)		9. Usual Occupation	
10. Birthplace (STATE OR FOREIGN COUNTRY)		11a. Usual Occupation	
11b. Kind of Business		12. Color or Race	
13. Birthplace (STATE OR FOREIGN COUNTRY)		14. Color or Race	
15. Birthplace (STATE OR FOREIGN COUNTRY)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)	
17. Signature of Attendant		18. Signature of Registrar	
19. Address of Registrar		20. Registrar's Signature	
21. Date on Which Given		22. Date on Which Given	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY  
OF A CERTIFICATE FILED IN THE OFFICE OF THE DIVISION OF PUBLIC  
HEALTH STATISTICS, SOUTH DAKOTA STATE DEPARTMENT OF HEALTH.

*William D. Johnson*  
DIRECTOR OF PUBLIC HEALTH STATISTICS

DATE

Aug 24, 1964



NEBRASKA  
CONTROL COMMISSION

*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*

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18 2013

Nº

CLERK OF COURT  
SOUTH DAKOTA COMMISSION

**CERTIFIED COPY OF BIRTH TRANSCRIPT**

State of South Dakota 21090  
County Number: \_\_\_\_\_

Name: Michael David Nelson

Place of Birth: \_\_\_\_\_  
County: Meade  
City or Post Office: Ellsworth AFB

Date of Birth: \_\_\_\_\_  
Sex: male

Father of Child:  
Full Name: \_\_\_\_\_  
Harry David Nelson  
Color or Race: Cauc.  
Age at time of this birth: 25  
Birthplace: Nebraska

Mother of Child:  
Full Maiden Name: \_\_\_\_\_  
Judith Ann Elsesser  
Color or Race: Cauc.  
Age at time of this birth: 23  
Birthplace: Iowa

Name of Attendant: H. Pratt Carter

Date Recorded: July 16, 1964

I, Paul R. Orth, Clerk  
of Courts of Meade County, certify  
that the above is a true and correct copy of entries  
appearing in the transcripts of Births.

Seal of Said Court Affixed at  
Sturgis

South Dakota, this 9

(SEAL) of November, 1965

Paul R. Orth  
Clerk.

By Carolene J. Braun  
Deputy.

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Debra A. Nelson

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Peace [a] Pie, LLC

LLC Address: 1101 Jackson St., #403

City: Omaha State: NE Zip Code: 68102

LLC Phone Number: 402-679-6786 LLC Fax Number

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Nelson First Name: Debra MI: A

Home Address: 1101 Jackson St., #403 City: Omaha

State: NE Zip Code: 68102 Home Phone Number: 402-493-1272

Debra A. Nelson

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska

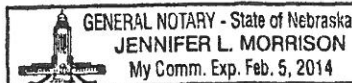
County of Douglas

The foregoing instrument was acknowledged before me this

20<sup>th</sup> day of March 2013

by Debra A Nelson  
name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Nelson First Name: Debra MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Michael D. Nelson

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 100%

*Signed  
Prints  
BC  
Voter reg*  
*Signed  
Prints  
BC  
Voter reg*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_